

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90466 035 ****61.25

DOCUMENT # N99000006462

1. Entity Name

HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIA

Principal Place of Business

120 FAIRWAY WOODS BLVD
 ORLANDO FL 32824

Mailing Address

120 FAIRWAY WOODS BLVD
 ORLANDO FL 32824

2. Principal Place of Business

1633 E. Vine Street

Suite, Apt. #, etc.

SUITE 110

City & State

Kissimmee, FL

Zip

34744

Country

USA

3. Mailing Address

1633 E. Vine Street

Suite, Apt. #, etc.

SUITE 110

City & State

Kissimmee, FL

Zip

34744

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-361628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WEISENFELD, JOSEPH J
550 BILTMORE WAY, SUITE 1120
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

REBECCA FURLOW

Street Address (P.O. Box Number is Not Acceptable)

1633 E. Vine Street, SUITE 110

City

Kissimmee

FL

Zip Code

34744

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rebecca Furlow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **O'HARA, CHARLES D**
 STREET ADDRESS **120 FAIRWAY WOODS BLVD**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **VD** ☐ Delete
 NAME **HAWKS, CANDACE**
 STREET ADDRESS **120 FAIRWAY WOODS BLVD**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE **STD** ☐ Delete
 NAME **ERSKINE, CINDY L**
 STREET ADDRESS **120 FAIRWAY WOODS BLVD**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Hawks, Candice H.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **ErsKine, Cynthia L**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/2/01 407 240 0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)